

2008-03

2080073

LOUISIANA BOARD OF ETHICS
DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

I, Harlan E. Nobles, residing at P.O. Box 1870, Jena, Louisiana 71342
Name: (Mailing Address, including City & Zip Code)

do declare that:

1.

That this disclosure statement is made pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning on January 1st, 2008.
(Year)

2.

That I am a ☐ Chief Executive ☒ Board Member ☐ Commissioner (check one) of the
Hospital Service District #2 of LaSalle Parish d/b/a LaSalle General Hospital &
(Name of Hospital Service District or Public Trust Authority) LaSalle Nursing Home
and have served in this capacity since April 13, 1992.
(Month) (Day) (Year)

3.

That my immediate family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses of children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, his spouse and the parents of his spouse, is employed by the described Hospital Service District / Public Trust Authority. The facts of such employment are as follows:

Name of Immediate Family Member: Karen Nobles Davis Wilkinson
Relation of Immediate Family Member: Daughter
Position held by Immediate Family Member: Director of Home Health
Date employed (month, day, year): August 10, 1979

Applicable Exception (check all that apply):

☒ Employed by Hospital Service District / Public Trust Authority for more than one year prior to first becoming the chief executive or a board member or commissioner of the Hospital Service District / Public Trust Authority

☐ Serving in public employment continuously since April 1, 1980, the effective date of the Code of Governmental Ethics

☐ Hospital Service District / Public Trust Authority has a district population of 10,000 or less and the family member is employed as a licensed physician or registered nurse.

Harlan E. Nobles
Signature, Chief Executive, Hospital Board Member or Commissioner

NOTE: These disclosure statements are due by **January 31st** of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.